

THE MIDWIVES'
POCKET REGISTER
AND
CASE BOOK

BLACKHAM

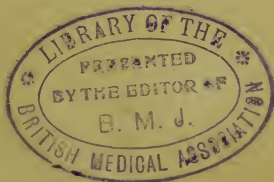
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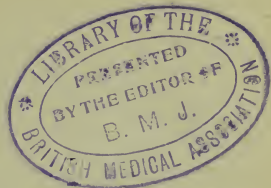


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THE
MIDWIVES' POCKET REGISTER
AND CASE BOOK.

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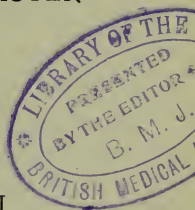
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THE
MIDWIVES' POCKET REGISTER
AND
CASE BOOK

BY
R. J. BLACKHAM

*L.R.C.P., L.M. (Rotunda),
D.P.H., R.C.P., Lond.; R.C.S., Eng.;
Major Royal Army Medical Corps;
Member of the Hon. Society of the Middle Temple;
Examiner and Honorary Life Member
St. John Ambulance Association;
Fellow, Incorporated
Society of Medical Officers of Health*

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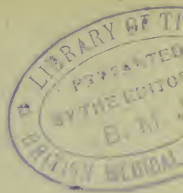
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PREFACE



According to paragraph 22, Section E of the Rules of the Central Midwives Board, midwives in practice are required to keep a register of cases, but as the official book issued for the purpose measures 13 inches by 8 inches it is quite impossible for midwives to carry this volume about with them and some form of pocket register is therefore most desirable.

I have attempted to meet this want in this little book and to supply the practising midwife with a means of concisely recording 50 cases (approximately the number dealt with annually in an ordinary practice) which may supplement but not, of course, replace the official register.

To enhance its utility I have inserted the new Rules for Regulating the Practice of Midwives just published by the Board which

may prove useful to the midwife for ready reference, and have added a few notes in amplification of these rules, and a short section on the Care of Children.

R. J. BLACKHAM.

Military Families' Hospital,

DEVONPORT, *May* 1907.

RULES OF THE CENTRAL MIDWIVES BOARD*

EXTRACTS FROM SECTION E REGULATING
THE PRACTICE OF MIDWIVES.

DIRECTIONS TO MIDWIVES AS APPROVED
BY THE PRIVY COUNCIL, APRIL 24th 1907.

Note.—When engaged to attend a labor the midwife should take an opportunity of visiting the patient in her own house to advise as to personal and general arrangements for the confinement.

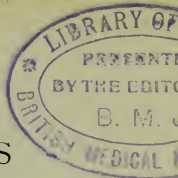
1. The midwife must be scrupulously clean in every way, because the smallest particle of decomposing matter may set up puerperal fevers.

She must wear a dress of washable material, and over it a clean washable apron.

C. M. B. Note.—It is best to have the sleeves of the dress made so that the midwife can tuck them well up above the elbows.

A midwife who is attending a case in which there are foul-smelling discharges must not go direct to another

* The complete rules are published by Spottiswoode & Co. and should be in the possession of every midwife.



case without first changing her dress and thoroughly cleansing and disinfecting her hands and forearms and such appliances (2 (a) below) as she may have had occasion to use, and is obliged to take with her.

C. M. B. Note.—Unless the cleansing process be thoroughly carried out there will be, even after a healthy confinement, remains of blood, lochia, or liquor amnii on the fingers, and especially under the nails, which will there undergo decomposition, and so become dangerous to the next patient attended. The midwife must, therefore, keep her nails cut short, and preserve the skin of her hands as far as possible from chaps and other injuries.

Author's Note.—Midwives should invariably remove rings before attending on a case as the space under the wedding, or other ring must invariably harbour germs.

2. When called to a confinement a midwife must take with her in a bag or basket furnished with a washable lining.

(a) An appliance for giving vaginal injections.

A different appliance for giving enemata.

A catheter.

A pair of scissors.

A clinical thermometer, and

A nail-brush.

The Local Supervising Authority may,

in the case of untrained midwives use its discretion with regard to insisting on the carrying of a catheter and appliances for giving vaginal injections.

(b) An efficient antiseptic for disinfecting the hands &c.

(c) An antiseptic for douching in special cases.

Author's Note.—Perchloride of Mercury Tablets are the best preparation.

The use of lubricants for the fingers, catheters or nozzles of douches should be avoided. If a lubricant is used it should be an antiseptic cream from a collapsible tube and never an ointment in which the finger is dipped. Lysol in one per cent solution is the nicest disinfectant for obstetrical work as it contains soap and therefore acts as a lubricant as well as a disinfectant.

3. Before touching the genital organs or their neighbourhood the midwife must on each occasion disinfect her hands and forearms.

Author's Note.—Perchloride of Mercury 1 in 1000, or Lysol, two drachms to the pint of water, are the best disinfectants.

4. All instruments and other appliances must be properly disinfected, preferably by boiling, before being brought in contact with the patient's generative organs.

5. Whenever a midwife has been in attendance upon a patient suffering from

puerperal fevers, or from any other illness supposed to be infectious, she must disinfect herself and all her instruments and other appliances, to the satisfaction of the Local Supervising Authority, and must have her clothing thoroughly disinfected before going to another labour. Unless otherwise directed by the Local Supervising Authority, all washable clothing should be boiled, and other clothing should be sent to be disinfected by the Local Sanitary Authority.

Author's Note.—"Nature has provided two all powerful disinfectants in the form of; Sunlight, and Boiling water; and the art of man has produced a third which deserves to be included in this life saving trinity, I mean, Soap. There are no microbes which can stand a combination of sunlight, boiling water, and soap"* and it is on these that nurses must rely and not merely on chemical disinfectants.

DUTIES TO PATIENT.

6. A midwife in charge of a case of labour must not leave the patient without giving an address by which she can be found without delay; and after the commencement of the Second Stage, she must stay with the woman until the expulsion of the placenta, and as long after as may be necessary. In cases where

* "Care of Children". Scientific Press, 1/6 nett.

a doctor has been sent for on account of the labour being abnormal or of there being threatened danger (see Rule 18), she must await his arrival and faithfully carry out his instructions.

7. The midwife must wash the patient's external parts with soap and water, and then swab them with an antiseptic solution on the following occasions: —

(a) Before making the first internal examination;

(b) After the termination of labour;

(c) During the lying-in period, when washing is required;

(d) Before passing a catheter.

For this purpose the midwife must on no account use ordinary sponges or flannels, but material which can be boiled before use, such as linen, or burnt afterwards such as cotton, wool.

8. No more internal examinations should be made than are absolutely necessary.

9. The midwife in charge must in all cases of labour examine the placenta and membranes before they are destroyed, and must satisfy herself that they are completely removed.

10. The midwife must remove soiled linen, blood, fæces, urine, and the placenta from the neighbourhood of the patient and from the lying-in room as soon as possible after the labour, and in every case before she leaves the patient's house.

* 11. The midwife shall be responsible for the cleanliness, and should give full directions for securing the comfort and proper dieting, of the mother and child during the lying-in period, which shall be held, for the purpose of these regulations and in a normal case, to mean the time occupied by the labour and a period of ten days thereafter. (See Rule 19 below).

12. A "case of normal labour" in these regulations shall mean a labour in which there are none of the conditions specified in Rule 19 below.

DUTIES TO CHILD.

13. In the case of a child being born apparently dead, the midwife should carry out the methods of resuscitation which have been taught her.

14. As soon as the child's head is born, and if possible before the eyes are opened, its eyelids should be carefully cleansed.

* See Rule 24.

Author's Note.—Dr. Comyns Berkeley says: "If a midwife on examining the patient finds that she has a yellow or white vaginal discharge a douche of biniodide of mercury 1 in 5000 must be given before and after rupture of the membranes. Directly the head of the infant is born the eyes should be wiped clean, the eyelids separated and a few drops of biniodide of mercury dropped into them.

Afterwards the eyes should be very carefully cleansed twice daily with boracic lotion and if the least sign of inflammation appears a doctor must be immediately sent for."

Handbook for Midwives and Maternity Nurses, p. 255.

"Even when infection is not suspected one or two drops of 2 per cent silver nitrate solution should be dropped into each eye." *Edgar's Practice of Obstetrics*, p. 900.

15. On the birth of a child which is in danger of death, the midwife shall inform one of the parents of the child's condition.

GENERAL.

16. No midwife shall follow any occupation that is in its nature liable to be a source of infection, or shall (except under the circumstances hereinafter mentioned) undertake the duty of laying out the dead.

In no case must a midwife lay out

the body of any patient on whom she has not been in attendance at the time of death, or a body upon which a post mortem examination has been made.

A midwife will not transgress this rule if, at the discretion of the Local Supervising Authority, she

(a) Prepares for burial the body of a lying-in woman, a still-born child, or an infant dying within ten days; or,

(b) Lays out a dead body in a case of non-infectious illness, provided that she is not attending a midwifery case at the time.

After laying out a dead body for burial she must undergo adequate cleansing and disinfection.

17. A midwife must note in her Register of Cases each occasion on which she is under the necessity of administering any drug other than a simple aperient, the dose, and the time and cause of its administration.

CONDITIONS IN WHICH MEDICAL HELP MUST BE SENT FOR.

* 18. In all cases of abortion, of illness of the patient or child, or of any abnor-

* See Rule 24.

mality occurring during pregnancy, labour, or lying-in, a midwife must explain that the case is one in which the attendance of a registered medical practitioner is required, and must hand to the husband or the nearest relative or friend present the form of sending for medical help (see Rule 21 (a)), properly filled up and signed by her, in order that this may be immediately forwarded to the medical practitioner. If for any reason the services of a registered medical practitioner be not available, the midwife must, if the case be one of emergency, remain with the patient and do her best for her until the registered medical practitioner arrives, or until the emergency is over.

After having complied with the Rule as to the summoning of medical assistance, the midwife will not incur any legal liability by remaining on duty and doing her best for her patient.

* 19. The foregoing rule shall apply:—

(1) In all cases in which a woman during PREGNANCY, LABOUR or LYING-IN appears to be dying or is dead.

PREGNANCY.

(2) In the case of a PREGNANT woman:

* See Rule 24.

- (a) If the patient is a dwarf or deformed;
- (b) When there is loss of blood;
- (c) When there is any abnormality or complication, such as—
 Excessive sickness,
 Puffiness of hands or face,
 Dangerous varicose veins.

LABOUR.

(3) In the case of a woman in LABOUR at or near term, when there is any abnormality or complication, such as—

- A malpresentation,
- Presentation other than the uncomplicated head or breech,
- Where no presentation can be made out,
- Where there is excessive bleeding,
- Where two hours after the birth of the child the placenta and membranes have not been completely expelled,
- In serious cases of rupture of the perinæum, or other injury of the soft parts.

LYING-IN.

(4) In the case of a LYING-IN woman, when there is any abnormality or complication, such as—

Abdominal swelling and tenderness,
 Offensive lochia, if persistent,
 Rigor, with raised temperature,
 Rise of temperature above 100.4° F.,
 with quickening of the pulse for
 more than twenty-four hours,
 Unusual swelling of the breasts with
 local tenderness or pain,
 Secondary post-partum hæmorrhage,
 White leg.

THE CHILD.

(5) In the case of the CHILD, when there is any abnormality or complication, such as—

Injuries received during birth,
 Any malformation or deformity in
 a child that seems likely to live,
 Dangerous feebleness,
 Inflammation of the eyes, however
 slight,
 Serious skin eruptions,
 Inflammation about the navel.

NOTIFICATION TO THE LOCAL SUPER- VISING AUTHORITY.

20. (1) The midwife must send notice to the Local Supervising Authority, in accordance with Rule 21, in the following cases:—

*(a) *Medical help*.—Whenever she has advised under Rule 18 that a registered medical practitioner should be sent for.

*(b) *Deaths*.—In all cases in which the death of the mother or of the child occurs before the attendance of a registered medical practitioner.

*(c) *Stillbirths*.—In all cases of stillbirth where a registered medical practitioner is not in attendance.

Note.—A child is deemed to be stillborn when after being completely born it has not breathed or shown any sign of life. (See Rule 13.)

(2) *Change of name or address*.—The midwife must immediately notify the Local Supervising Authority of any change of her name or address.

* 21. For the purposes of the preceding rules the use of the following forms shall be compulsory:—

* See Rule 24

(a) Form of sending for Medical Help.

No. Date

This notice is sent on behalf of*

Address

I have advised that medical assistance be
obtained on account of

Signed(Certified Midwife)

†The case is urgent.

Sent to (doctor)

at (address)

Time of sending message

* Here fill in name of patient.

† If the case is not urgent cross this out.

The midwife shall make two copies of the above, making with the original document three forms in all. The original she shall keep, the second she shall hand to the patient's representative in accordance with Rule 18, and the third she shall send to the Local Supervising Authority as soon as possible, but within 24 hours at the latest.

(b) *Form of Notification of Death.*

To the Local Supervising Authority
of the *Administrative County of

.....
or *the County Borough of

or *the Urban or Rural District of

I, the undersigned, being a Midwife holding the Certificate No. of the Central Midwives Board, hereby notify that that the following death occurred in my practice on the day of 19....., before a registered medical practitioner was in attendance.

Name of Midwife

Address of Midwife

.....
Name of deceased

Address of deceased

Age

Date of Delivery

* Strike out the words not applicable.

(c) Form of Notification of Stillbirth.

To the Local Supervising Authority
of the *Administrative County of.....

.....
or *the County Borough of

or *the Urban or Rural District of.....

I, the undersigned, being a Midwife
holding the Certificate No.....of
the Central Midwives Board, hereby
notify that, on the.....day of.....,
19....., I delivered.....
living at ..
of a still-born *male *or* *female child, no
registered medical practitioner being in
attendance.

Name of Midwife

Address of Midwife

.....
* Strike out the words not applicable.

22. A midwife shall keep a Register of Cases in the prescribed form.

*23. The Local Supervising Authority shall make arrangements to secure a proper inspection of the Register of Cases, bag of appliances, &c, of every midwife practising in the districts of such Authority, and, when thought necessary, an inspection of her place of residence, and an investigation of her mode of practice.

24. The rules or parts of rules in this section (*E*) which are marked with an asterisk shall not apply to midwives exercising their calling under the supervision of a duly appointed medical officer within Hospitals approved by the Central Midwives Board. †

25. Nothing in this section (*E*) shall apply to certified midwives exercising their calling in Workhouse or Poor Law Infirmary under the supervision of a duly appointed medical officer.

26. The proper designation of a certified midwife is "Certified Midwife," thus *e.g.*,
 Mary Smith,
 Certified Midwife.

* See Rule 24.

† These Rules are Nos. 5, 11, 18, 19, 20 (1), 21, and 23.

No abbreviation in the form of initial letters is permitted, nor any other description of the qualification.

Author's Note.—Midwives must be careful to observe this rule.

THE CARE OF CHILDREN.

An important moral duty devolves on midwives, viz., to instruct mothers in the care of their children. The opportunities which the midwife possesses of giving the infants she brings into the world a fair start in life are sometimes neglected, never through neglect but often from ignorance. The midwife therefore should herself make a study of the subject and impart her knowledge to her patients on every occasion.

She should insist on every mother learning and obeying the following brief nursery decalogue.

1. Never artificially feed a baby if the mother has sufficient milk of a proper quality. The sufficiency or other wise of the milk is ascertained by noting.

a. If the baby increases in weight.

b. If it nurses for longer than 30 minutes. If a child nurses for half an hour or more the milk is insufficient in quantity.

Babies should invariably be weighed every week and the weight recorded on a suitable chart *

* Author's charts for this purpose may be obtained from Bailey & Son, 38 Oxford St. W. or any bookseller.

2. Wash the nipples and the baby's mouth before and after each feeding.

3. Don't feed a baby oftener than every two hours.

4. Always wake the baby when his feeding time comes round. "Neglect of this rule is a frequent cause of crying babies." It is not natural for a baby to cry much and if it does so it is generally caused by incorrect feeding or carelessly applied clothing." (Care of Children, p. 2).

5. Never use pins in a child's clothing. Always *sew* on the binder. Safety pins *of good quality* may be used for the napkin *but for nothing* else.

6. Don't use artificial foods.

"If the Child does not thrive on milk alone artificial infants foods must on no account be used as these preparations simply produce fat, unhealthy Children with a tendency to rickets, and no stamina to withstand the troubles of teething and various infantile disorders; but beef tea, cream, and even beaten up white of egg may however, be added to the dietary of very young infants under medical directions." Care of Children, p. 7.

7. Don't use dummies or baby soothers.

They cause adenoids according to Dr. Cantlie, and may cause tuberculosis (consumption) according to Dr. S. J. O. Symes and T. Fisher (British Medical Journal.)

““Dummies” or “Baby-soothers” are the cause of much diarrhoea and sickness in Children, as it is impossible to keep rubber clean when kept in a Child’s mouth for long periods. They should be prohibited by Act of Parliament!”

8. Don’t boil the baby’s milk; sterilize it by a Soxhlet’s apparatus or the simple plan suggested in the Care of Children, p. 3.

9 Don’t use a bottle with long tubes. Bottles must be boat-shaped and the pattern made with an opening at both ends, marked in tablespoonfuls and fitted with teats which can be turned inside out for washing is the best. Bottles with long tubes are prohibited by law in France and America.

10. Don’t allow the mother to take the nipple of the bottle in her mouth.

Heat the milk for each feeding by placing the bottle in hot water.

The temperature may be tested by pouring a few drops on the front of the wrist; it should feel warm but not hot.

Cow’s milk is the *only* substitute for mothers’ milk, which can be easily obtained. It requires dilution when used as food by children under nine months old.

Milk should always be obtained twice daily. Immediately it is received from the milkman it should be “scalded,” *not*

boiled, or, better still, sterilized by the method recommended at the Rotunda Hospital. This consists in placing the required amount of milk in a bottle, the neck of which is closed by a plug of clean absorbent cotton (which can be obtained from the Hospital), instead of a cork. The wool allows steam to escape from the milk, but a cork would not do so, and would therefore burst the bottle. The bottle is immersed in a saucepan of water, which must be kept just on the boil for forty minutes. The bottle is then removed from the water, and cooled as rapidly as possible.

Skimmed and separated milks are useless as foods for infants.

Condensed milk has the reputation of being more digestible than fresh milk, but it is certainly less nutritious, and must never be used when ordinary milk is obtainable, except under the orders of a medical man.

Finally midwives should insist on all young mothers purchasing a small book on the care of children and implore them to be guided by it and not by the opinion of Mrs So and So who has had fourteen children, and lost most of them, on the idea that she "ought to know."

The following tables will be useful:—

This table shows clearly the quantities and proportions of milk and water (or barley water), suitable for healthy children:—

| Age of Child. | Number of Feedings in 24 hours. | Proportions of | | Amount of Diluted Milk per meal in Tablespoonfuls. | Amount of Pure Cow's Milk to be given in 24 hours. |
|------------------|---------------------------------|----------------|------------------------|---|---|
| | | Milk. | Water or Barley Water. | | |
| 1st Month | 10 | 1 | 2 | Two gradually increased to five. | Two wine-glassfuls gradually increased to nearly half-a-pint. |
| 2nd & 3rd Month | 10 gradually decreased to 8 | 1 | 1 | Five gradually increased to eight. | Half-a-pint gradually increased to three-quarters-of-a-pint. |
| 4th to 6th Month | 7 | 2 | 1 | Nine gradually increased to fourteen. | One pint gradually increased to one-and-a-half pints. |
| 7th to 9th Month | 6 | 3 | 1 | Fourteen gradually increased to half-a-pint (nearly). | One-and-a-half-pints gradually increased to a quart. |

The baby should "cut" his teeth in the following order:—

| | | | | Months old. |
|--------------------------|-----------|-----|---------------|-------------|
| Two Central Front Teeth, | Lower Jaw | ... | about | 6 |
| Two do. do. | Upper Jaw | ... | do. | 7 |
| Two side Front Teeth, | do. | ... | do. | 8 |
| Two do. do. | Lower Jaw | ... | do. | 9 |
| Two Front Grinders, | do. | ... | do. | 11 |
| Two do. | Upper Jaw | ... | do. | 12 |
| Two Eye Teeth, | do. | ... | do. | 17 |
| Two do. | Lower Jaw | ... | do. | 18 |
| Two Back Grinders, | do. | ... | do. | 22 |
| Two do. | Upper Jaw | | about 2 years | |

Care of Children p. 9.

The weights for various periods will be found on the author's chart published by Bailey and Son.

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " " "

" " 3rd " " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then.....

Remarks *

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|--------|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
| 6th | | | | | | | |
| 7th | | | | | | | |
| 8th | | | | | | | |
| 9th | | | | | | | |
| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks—

Child: (Eyes Umbilicus /
Nursing)

RECORD OF LABOR.

No.

Date of Confinement

Name and Address

No. of previous labors and miscarriages

Age

Date and hour of Midwife's arrival

" " " Child's Birth

Presentation

Duration of 1st stage of labor

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant

Full time or premature—No. of months

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then

Remarks *

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | | |
|---------------------------------------|-------------|------|-------|------|---------|---------------------------|---------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
| 6th | | | | | | | |
| 7th | | | | | | | |
| 8th | | | | | | | |
| 9th | | | | | | | |
| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks | | | | | | | |
| Chud: (Eyes Umbilicus) Nursing) | | | | | | | |

RECORD OF LABOR.

No.

Date of Confinement

Name and Address

No. of previous labors and miscarriages

Age

Date and hour of Midwife's arrival

" " " Child's Birth

Presentation

Duration of 1st stage of labor

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant Born living or dead

Weight of infant

Full time or premature—No. of months

If Doctor called Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then

Remarks *

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | | |
|---------------------------------------|-------------|------|-------|-------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
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| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks | | | | | | | |
| Chad: (Eyes Umbilicus) Nursing) | | | | | | | |

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address.....

No. of previous labors and miscarriages.....

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " ".....

" " 3rd " ".....

Complications (if any) during or after labor.....

Sex of infant..... Born living or dead.....

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor.....

Date of Midwife's last visit.....

Condition of mother then (See Rule 11).....

Condition of child then.....

Remarks*.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

RECORD OF PUERPERIUM.

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " " ".....

" " 3rd " " ".....

Complications (if any) during or after labor

Sex of infant.....Born living or dead.....

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called.....Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then.....

Remarks *.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME.....

RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
| 5th | | | | | | |
| 6th | | | | | | |
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| 9th | | | | | | |
| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks.....

Child: (*Eyes Umbilicus*)
(*Nursing*)

RECORD OF LABOR.

No.

Date of Confinement

Name and Address

No. of previous labors and miscarriages

Age

Date and hour of Midwife's arrival

" " " Child's Birth

Presentation

Duration of 1st stage of labor

" " 2nd " " "

" " 3rd " " "

Complications (if any) during or after labor

Sex of infant

Weight of infant

Full time or premature—No. of months

If Doctor called

Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then

Remarks *

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | | |
|-------|-------------|------|-------|------|---------|---------------------------|---------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks

Child: (Eyes Umbilicus)
Nursing ()

| |
|--|
| No..... |
| Date of Confinement..... |
| Name and Address..... |
| No. of previous labors and miscarriages |
| Age..... |
| Date and hour of Midwife's arrival..... |
| " " " Child's Birth..... |
| Presentation..... |
| Duration of 1st stage of labor..... |
| " " " " " "..... |
| " " " " " "..... |
| Complications (if any) during or after labor |
| Sex of infant..... Born living or dead |
| Weight of infant |
| Full time or premature—No. of months..... |
| If Doctor called.....Name of Doctor |
| Date of Midwife's last visit |
| Condition of mother then (See Rule II) |
| Condition of child then..... |
| Remarks *..... |

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | |
|-------|-------------|------|-------|------|---------|---------------------------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
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| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

No.

Date of Confinement

Name and Address

.....

No. of previous labors and miscarriages

Age

Date and hour of Midwife's arrival

" " " Child's Birth

Presentation

Duration of 1st stage of labor

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant

Weight of infant

Full time or premature—No. of months

If Doctor called

Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then

Remarks *

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

RECORD OF PUERPERIUM.

Chad: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

No.

Date of Confinement.....

Name and Address

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " ".....

" " 3rd " ".....

Complications (if any) during or after labor

Sex of infant..... Born living or dead.....

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then.....

Remarks *.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|--------|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
| 6th | | | | | | | |
| 7th | | | | | | | |
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| 9th | | | | | | | |
| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks—

Child: (Eyes Umbilicus)
Nursing)

RECORD OF LABOR.

No.

Date of Confinement

Name and Address

.....

No. of previous labors and miscarriages

Age

Date and hour of Midwife's arrival

" " " Child's Birth

Presentation

Duration of 1st stage of labor

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant Born living or dead

Weight of infant

Full time or premature—No. of months

If Doctor called Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then

Remarks *

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
| 5th | | | | | | |
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| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

| | |
|--|---------------------------|
| No..... | |
| Date of Confinement..... | |
| Name and Address | |
| No. of previous labors and miscarriages | |
| Age..... | |
| Date and hour of Midwife's arrival..... | |
| " " " Child's Birth..... | |
| Presentation..... | |
| Duration of 1st stage of labor..... | |
| " " 2nd " " "..... | |
| " " 3rd " " "..... | |
| Complications (if any) during or after labor | |
| Sex of infant..... | Born living or dead |
| Weight of infant..... | |
| Full time or premature—No. of months..... | |
| If Doctor called..... | Name of Doctor |
| Date of Midwife's last visit | |
| Condition of mother then (See Rule 11) | |
| Condition of child then..... | |
| Remarks* | |

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | | |
|-------|-------------|------|-------|------|---------|---------------------------|---------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
| 6th | | | | | | | |
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| 9th | | | | | | | |
| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks—

Chad: (Eyes Umbilicus)
Nursing)

RECORD OF LABOR.

No.

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " " ".....

" " 3rd " " ".....

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks*

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | | |
|-------|-------------|------|-------|------|---------|---------------------------|---------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks.....

Child: (*Eyes Umbilicus*)
 Nursing)

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address.....

No. of previous labors and miscarriages.....

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " ".....

" " 3rd " ".....

Complications (if any) during or after labor.....

Sex of infant..... Born living or dead.....

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor.....

Date of Midwife's last visit.....

Condition of mother then (See Rule 11).....

Condition of child then.....

Remarks*.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
| 5th | | | | | | |
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| 9th | | | | | | |
| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks.....

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

No.

Date of Confinement.....

Name and Address

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then.....

Remarks *

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|--|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
| 6th | | | | | | | |
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| 8th | | | | | | | |
| 9th | | | | | | | |
| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks | | | | | | | |
| Child: (<i>Eyes Umbilicus</i>) (<i>Nursing</i>) | | | | | | | |

RECORD OF LABOR.

| | |
|--|---------------------------|
| No..... | |
| Date of Confinement..... | |
| Name and Address | |
| | |
| No. of previous labors and miscarriages | |
| Age..... | |
| Date and hour of Midwife's arrival..... | |
| " " " Child's Birth..... | |
| Presentation..... | |
| Duration of 1st stage of labor..... | |
| " " 2d " " | |
| " " 3d " " | |
| Complications (if any) during or after labor | |
| Sex of infant..... | Born living or dead |
| Weight of infant | |
| Full time or premature—No. of months..... | |
| If Doctor called..... | Name of Doctor |
| Date of Midwife's last visit | |
| Condition of mother then (See Rule II) | |
| Condition of child then..... | |
| Remarks * | |

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|--|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks | | | | | | | |
| Child: (Eyes Umbilicus) (Nursing) | | | | | | | |

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant.....Born living or dead.....

Weight of infant

Full time or premature—No. of months.....

If Doctor called.....Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then.....

Remarks *.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
| 5th | | | | | | |
| 6th | | | | | | |
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| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks—

Chad: (Eyes Umbilicus)
Nursing)

RECORD OF LABOR.

No.

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks *.....

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

| MOTHER | | | | CHILD | | | |
|--------------------------------------|-------------|------|-------|-------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
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| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks | | | | | | | |
| Child: (Eyes Umbilicus) Nursing) | | | | | | | |

RECORD OF LABOR.

No.

Date of Confinement

Name and Address

.....

No. of previous labors and miscarriages

Age

Date and hour of Midwife's arrival

" " " Child's Birth

Presentation

Duration of 1st stage of labor

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant Born living or dead

Weight of infant

Full time or premature—No. of months

If Doctor called.....Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then

Remarks *

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
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| 9th | | | | | | |
| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks

Child: (Eyes Umbilicus)
Nursing)

RECORD OF LABOR.

No.

Date of Confinement

Name and Address

.....

No. of previous labors and miscarriages

Age

Date and hour of Midwife's arrival

" " " Child's Birth

Presentation

Duration of 1st stage of labor

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant

Full time or premature—No. of months

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then

Remarks*

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|-------------------------------------|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
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| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks— | | | | | | | |
| Chad: (Eyes Umbilicus) Nursing) | | | | | | | |

RECORD OF LABOR.

No.

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks*

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|--|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks..... | | | | | | | |
| Child: (Eyes Umbilicus) (Nursing) | | | | | | | |

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks*.....

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|--|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
| 6th | | | | | | | |
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| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks..... | | | | | | | |
| Child: (Eyes Umbilicus) Nursing) | | | | | | | |

RECORD OF LABOR.

No.

Date of Confinement.....

Name and Address

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then.....

Remarks*

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|--|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
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| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks | | | | | | | |
| Child: (Eyes Umbilicus) (Nursing) | | | | | | | |

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead.....

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks*.....

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
| 5th | | | | | | |
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| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR:

| | | | | | | | | | | | | | | | | | | | |
|-----|---------------------|------------------|---|-----|------------------------------------|---------------------|--------------|--------------------------------|-------------|-------------|--|---------------|------------------|--------------------------------------|------------------|------------------------------|--|-------------------------|-----------|
| No. | Date of Confinement | Name and Address | No. of previous labors and miscarriages | Age | Date and hour of Midwife's arrival | " " " Child's Birth | Presentation | Duration of 1st stage of labor | " " 2nd " " | " " 3rd " " | Complications (if any) during or after labor | Sex of infant | Weight of infant | Full time or premature—No. of months | If Doctor called | Date of Midwife's last visit | Condition of mother then (See Rule 11) | Condition of child then | Remarks * |
|-----|---------------------|------------------|---|-----|------------------------------------|---------------------|--------------|--------------------------------|-------------|-------------|--|---------------|------------------|--------------------------------------|------------------|------------------------------|--|-------------------------|-----------|

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | |
|-------|-------------|------|-------|------|---------|---------------------------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
| 5th | | | | | | |
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| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks—

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

| | |
|--|----------------------|
| No..... | |
| Date of Confinement..... | |
| Name and Address | |
| | |
| No. of previous labors and miscarriages | |
| Age..... | |
| Date and hour of Midwife's arrival..... | |
| " " " Child's Birth | |
| Presentation..... | |
| Duration of 1st stage of labor..... | |
| " " 2d " " | |
| " " 3d " " | |
| Complications (if any) during or after labor | |
| Sex of infant..... | |
| Weight of infant..... | |
| Full time or premature—No. of months..... | |
| If Doctor called..... | Name of Doctor |
| Date of Midwife's last visit | |
| Condition of mother then (See Rule 11) | |
| | |
| Condition of child then..... | |
| Remarks * | |
| | |

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | | |
|-------|-------------|------|-------|------|---------|---------------------------|---------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks-----

Child: (Eyes Umbilicus)
Nursing)

RECORD OF LABOR.

No.

Date of Confinement

Name and Address

No. of previous labors and miscarriages

Age

Date and hour of Midwife's arrival

" " " Child's Birth

Presentation

Duration of 1st stage of labor

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant

Born living or dead

Weight of infant

Full time or premature—No. of months

If Doctor called

Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then

Remarks*

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|---------|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks | | | | | | | |

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks *.....

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | | |
|-------|-------------|------|-------|------|---------|---------------------------|---------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
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| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks

Chad: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

No.

Date of Confinement

Name and Address

No. of previous labors and miscarriages

Age

Date and hour of Midwife's arrival

" " " Child's Birth

Presentation

Duration of 1st stage of labor

" " " "

" " " "

Complications (if any) during or after labor

Sex of infant

Weight of infant

Full time or premature—No. of months

If Doctor called

Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then

Remarks *

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | | |
|-------|-------------|------|-------|------|---------|---------------------------|---------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
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| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks.....

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR:

| | |
|--|---------------------|
| No. | |
| Date of Confinement | |
| Name and Address | |
| No. of previous labors and miscarriages | |
| Age | |
| Date and hour of Midwife's arrival | |
| " " Child's Birth | |
| Presentation | |
| Duration of 1st stage of labor | |
| " " 2nd " | |
| " " 3rd " | |
| Complications (if any) during or after labor | |
| Sex of infant | Born living or dead |
| Weight of infant | |
| Full time or premature—No. of months | |
| If Doctor called | Name of Doctor |
| Date of Midwife's last visit | |
| Condition of mother then (See Rule 11) | |
| Condition of child then | |
| Remarks * | |

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME.....

RECORD OF PUERPERIUM.

| MOTHER | | | | | | CHILD | |
|-------------------------------|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks..... | | | | | | | |
| Child: (Eyes Umbilicus) | | | | | | | |

RECORD OF LABOR.

| | | | | | | | | | | | | | | | | | | | | | |
|-----|---------------------|------------------|---|-----|------------------------------------|---------------------|--------------|--------------------------------|-------------|-------------|--|---------------|---------------------|------------------|--------------------------------------|------------------|----------------|------------------------------|--|-------------------------|-----------|
| No. | Date of Confinement | Name and Address | No. of previous labors and miscarriages | Age | Date and hour of Midwife's arrival | " " " Child's Birth | Presentation | Duration of 1st stage of labor | " " 2nd " " | " " 3rd " " | Complications (if any) during or after labor | Sex of infant | Born living or dead | Weight of infant | Full time or premature—No. of months | If Doctor called | Name of Doctor | Date of Midwife's last visit | Condition of mother then (See Rule 11) | Condition of child then | Remarks * |
|-----|---------------------|------------------|---|-----|------------------------------------|---------------------|--------------|--------------------------------|-------------|-------------|--|---------------|---------------------|------------------|--------------------------------------|------------------|----------------|------------------------------|--|-------------------------|-----------|

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | |
|-------|-------------|------|-------|------|---------|---------------------------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
| 5th | | | | | | |
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| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks

Child: (Eyes Umbilicus)
(Nursing)

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | | |
|-------|-------------|------|-------|------|---------|---------------------------|---------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks

Child: (Eyes Umbilicus)
Nursing)

RECORD OF LABOR:

| | | | | | | | | | | | | | | | | | | | | | |
|-----|---------------------|------------------|---|-----|------------------------------------|---------------------|--------------|--------------------------------|---------|---------|--|---------------|---------------------|------------------|--------------------------------------|------------------|----------------|------------------------------|--|-------------------------|-----------|
| No. | Date of Confinement | Name and Address | No. of previous labors and miscarriages | Age | Date and hour of Midwife's arrival | " " " Child's Birth | Presentation | Duration of 1st stage of labor | " " " " | " " " " | Complications (if any) during or after labor | Sex of infant | Born living or dead | Weight of infant | Full time or premature—No. of months | If Doctor called | Name of Doctor | Date of Midwife's last visit | Condition of mother then (See Rule 11) | Condition of child then | Remarks * |
|-----|---------------------|------------------|---|-----|------------------------------------|---------------------|--------------|--------------------------------|---------|---------|--|---------------|---------------------|------------------|--------------------------------------|------------------|----------------|------------------------------|--|-------------------------|-----------|

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|-------------------------------------|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks..... | | | | | | | |
| Chud: (Eyes Umbilicus) Nursing) | | | | | | | |

RECORD OF LABOR.

No.

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " " "

" " " "

Complications (if any) during or after labor

Sex of infant.....Born living or dead

Weight of infant

Full time or premature—No. of months.....

If Doctor called.....Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks*

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME:..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
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| 9th | | | | | | |
| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " " ".....

" " 3rd " " ".....

Complications (if any) during or after labor

Sex of infant..... Born living or dead.....

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then.....

Remarks*.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|-------------------------|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
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| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks | | | | | | | |
| Child: (Eyes Umbilicus) | | | | | | | |
| Nursing) | | | | | | | |

RECORD OF LABOR:

| | | | | | | | | | | | | | | | | | | | | |
|-----|---------------------|------------------|---|-----|------------------------------------|---------------------|--------------|--------------------------------|-------------|-------------|--|---------------|------------------|--------------------------------------|------------------|----------------|------------------------------|--|-------------------------|----------|
| No. | Date of Confinement | Name and Address | No. of previous labors and miscarriages | Age | Date and hour of Midwife's arrival | " " " Child's Birth | Presentation | Duration of 1st stage of labor | " " 2nd " " | " " 3rd " " | Complications (if any) during or after labor | Sex of infant | Weight of infant | Full time or premature—No. of months | If Doctor called | Name of Doctor | Date of Midwife's last visit | Condition of mother then (See Rule 11) | Condition of child then | Remarks* |
|-----|---------------------|------------------|---|-----|------------------------------------|---------------------|--------------|--------------------------------|-------------|-------------|--|---------------|------------------|--------------------------------------|------------------|----------------|------------------------------|--|-------------------------|----------|

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | | CHILD | | |
|--------|-------------|------|-------|------|---------|---------------------------|---------|--|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. | |
| | A.M. | P.M. | A.M. | P.M. | | | | |
| Labor | | | | | | | | |
| 1st | | | | | | | | |
| 2nd | | | | | | | | |
| 3rd | | | | | | | | |
| 4th | | | | | | | | |
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| 12th | | | | | | | | |
| 13th | | | | | | | | |
| 14th | | | | | | | | |

Remarks

Child: (Eyes Umbilicus)
Nursing)

RECORD OF LABOR.

No.

Date of Confinement.....

Name and Address

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then.....

Remarks*

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
| 5th | | | | | | |
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| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks.....

Child: (*Eyes Umbilicus*)
(*Nursing*)

NAME.....

RECORD OF PUERPERIUM.

| MOTHER | | | | | | CHILD | |
|-----------------|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| <i>Remarks.</i> | | | | | | | |
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Child: (*Eyes Umbilicus*)
 (Nursing)

RECORD OF LABOR.

No.

Date of Confinement.....

Name and Address

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant.....Born living or dead.....

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called.....Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then.....

Remarks*

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | | |
|--------|-------------|------|-------|-------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks

Child: (Eyes Umbilicus)
Nursing)

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address.....

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant

Full time or premature—No. of months.....

If Doctor called.....Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks *

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|---|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
| 5th | | | | | | | |
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| 10th | | | | | | | |
| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |
| Remarks | | | | | | | |
| <div> Child: (Eyes Umbilicus) Nursing) </div> | | | | | | | |

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
| 5th | | | | | | |
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| 9th | | | | | | |
| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks

Child: (Eyes Umbilicus)
Nursing)

RECORD OF LABOR.

No.

Date of Confinement

Name and Address

.....

No. of previous labors and miscarriages

Age

Date and hour of Midwife's arrival

" " " Child's Birth

Presentation

Duration of 1st stage of labor

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant

Weight of infant

Born living or dead

Full time or premature—No. of months

If Doctor called

Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then

Remarks *

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
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| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks—

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

| | |
|--|---------------------|
| No. | |
| Date of Confinement | |
| Name and Address | |
| No. of previous labors and miscarriages | |
| Age | |
| Date and hour of Midwife's arrival | |
| " " " Child's Birth | |
| Presentation | |
| Duration of 1st stage of labor | |
| " " 2nd " | |
| " " 3rd " | |
| Complications (if any) during or after labor | |
| Sex of infant | Born living or dead |
| Weight of infant | |
| Full time or premature—No. of months | |
| If Doctor called | Name of Doctor |
| Date of Midwife's last visit | |
| Condition of mother then (See Rule II) | |
| Condition of child then | |
| Remarks* | |

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
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| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks—

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

No.

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant.....Born living or dead

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called.....Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks*.....

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | CHILD | | |
|--------|-------------|------|-------|-------|---------|---------------------------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
| 4th | | | | | | |
| 5th | | | | | | |
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| 8th | | | | | | |
| 9th | | | | | | |
| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks

Child: (Eyes Umbilicus)
Nursing ()

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " " ".....

" " 3rd " " ".....

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks *.....

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | | |
|-------|-------------|------|-------|------|---------|---------------------------|---------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks.....

Child : (Eyes Umbilicus)
 (Nursing)

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth

Presentation.....

Duration of 1st stage of labor.....

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant.....Born living or dead

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called.....Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks*.....

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | |
|-------|-------------|------|-------|------|---------|---------------------------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. |
| | A.M. | P.M. | A.M. | P.M. | | |
| Labor | | | | | | |
| 1st | | | | | | |
| 2nd | | | | | | |
| 3rd | | | | | | |
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| 10th | | | | | | |
| 11th | | | | | | |
| 12th | | | | | | |
| 13th | | | | | | |
| 14th | | | | | | |

Remarks

Child: (Eyes Umbilicus)
Nursing ()

RECORD OF LABOR.

No.

Date of Confinement

Name and Address

No. of previous labors and miscarriages

Age

Date and hour of Midwife's arrival

" " " Child's Birth

Presentation

Duration of 1st stage of labor

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant Born living or dead

Weight of infant

Full time or premature—No. of months

If Doctor called Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

Condition of child then

Remarks *

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME.....

RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|--------|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
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| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks-

Child: (Eyes Umbilicus)
(Nursing)

RECORD OF LABOR.

| | |
|--|---------------------------|
| No..... | |
| Date of Confinement..... | |
| Name and Address | |
| | |
| No. of previous labors and miscarriages | |
| Age..... | |
| Date and hour of Midwife's arrival..... | |
| " " " Child's Birth..... | |
| Presentation..... | |
| Duration of 1st stage of labor..... | |
| " " 2d " " | |
| " " 3d " " | |
| Complications (if any) during or after labor | |
| Sex of infant..... | Born living or dead |
| Weight of infant | |
| Full time or premature—No. of months..... | |
| If Doctor called..... | Name of Doctor |
| Date of Midwife's last visit | |
| Condition of mother then (See Rule 11) | |
| | |
| Condition of child then..... | |
| Remarks* | |
| | |

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | | |
|-------|-------------|------|-------|------|---------|---------------------------|---------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
| 4th | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks—

Child: (Eyes Umbilicus)
Nursing)

RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth

Presentation.....

Duration of 1st stage of labor.....

" " 2d " "

" " 3d " "

Complications (if any) during or after labor

Sex of infant.....

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called.....Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks *.....

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| MOTHER | | | | | CHILD | | |
|--------|-------------|------|-------|------|---------|---------------------------|---------|
| DAY. | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks

Child: (Eyes Umbilicus)
Nursing ()


RECORD OF LABOR.

No.....

Date of Confinement.....

Name and Address

.....

No. of previous labors and miscarriages

Age.....

Date and hour of Midwife's arrival.....

" " " Child's Birth.....

Presentation.....

Duration of 1st stage of labor

" " 2nd " "

" " 3rd " "

Complications (if any) during or after labor

Sex of infant..... Born living or dead

Weight of infant.....

Full time or premature—No. of months.....

If Doctor called..... Name of Doctor

Date of Midwife's last visit

Condition of mother then (See Rule 11)

.....

Condition of child then.....

Remarks*

.....

* If any drugs, other than a simple aperient, have been administered state here their nature and dose and the reason for giving them and the stage of labor when given.

NAME..... RECORD OF PUERPERIUM.

| DAY. | MOTHER | | | | CHILD | | |
|-------|-------------|------|-------|------|---------|---------------------------|---------|
| | TEMPERATURE | | PULSE | | LOCHIA. | BOWELS BLADDER etc. | WEIGHT. |
| | A.M. | P.M. | A.M. | P.M. | | | |
| Labor | | | | | | | |
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |
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| 11th | | | | | | | |
| 12th | | | | | | | |
| 13th | | | | | | | |
| 14th | | | | | | | |

Remarks---

Child: (Eyes Umbilicus)
 (Nursing)



